



Teachers' Retirement System
of the State of Illinois

P.O. Box 19253, 2815 West Washington
Springfield, Illinois 62794-9253
(217) 753-0311 or (888) 877-0890
TDD (217) 753-0329

Electronic Funds Transfer Program Enrollment Form

Please type or print all information clearly. If necessary, please refer to the backside for instructions on completing this form.

Add New Account ☐ Notice of Change ☐ Delete Account ☐

Employer Number (7) _____

Employer Name (25) _____

ABA # (9) _____ Checking ☐ Savings ☐

Bank Account # (1-17) _____

Daily Debit Maximum (optional for your protection only) \$____,____,____.____

NOTE: PLEASE TAPE A VOIDED CHECK TO THE BACKSIDE OF THIS FORM.

Teachers' Retirement System (the 'System') is hereby authorized to present debit entries, which the employer through its authorized agent originates, to the bank account identified above and the bank is authorized to debit such account for the payment(s) identified above. This authority is to remain in full force until EFT payments are no longer offered, or upon 30 days' notice by either the System or the employer to terminate the employer's participation in the EFT program. The employer's participation in the EFT program is subject to the rules and regulations issued by the System, as amended from time to time. The person who executes this form on behalf of the employer represents to the System that he or she is authorized to enroll the employer in this EFT program.

Signature of Responsible Business Official

Title

Date

Please make a copy of this form for your records. Return the completed form to: Teachers' Retirement System Accounting Department, P.O. Box 19253, 2815 W. Washington St., Springfield, IL 62794-9253. Thank You.

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DO NOT COMPLETE THIS SECTION (Internal Use Only)

Level I#

Level II#

Location # & Disc Data B

PIN(Disc Data G) (For NEW Only)

Member/Employer Contribution:

Digit Employer Number

Teachers' Health Insurance Security Fund:

Digit Employer Number

Payroll Deduction of Members' Opt Service:

Digit Employer Number



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ELECTRONIC FUNDS TRANSFER PROGRAM ENROLLMENT FORM (INSTRUCTIONS)

This agreement is to be used for first time enrollments as well as for modifications to your enrollment. You must check one of the three boxes that apply.

- ☐ **ADD NEW ACCOUNT:** Used for all new employers registering for the first time on the EFT program.
- ☐ **NOTICE OF CHANGE:** Used when a modification must be made to your information on file for EFT (new address, different banking information, additional payment type(s), etc.)
- ☐ **DELETE ACCOUNT:** Used when the employer has elected to no longer participate in the EFT program.

PLEASE TAPE YOUR VOIDED CHECK WITHIN THIS AREA OF THE FORM (NO STAPLES PLEASE)

- EMPLOYER NUMBER:** **Required.** You must indicate your 7-digit Employer Number.
- EMPLOYER NAME:** **Required.** Please use the allowed space of 25-characters to print/type the employer's name as it should appear for ACH presentation to your financial institution and to the Teachers' Retirement System.
- ABA/ROUTING # (9):** **Required.** The 9-digit *Routing Transit Number* used to identify the financial institution where the employer's account is maintained. (This number can be found in the bottom MICR line of the employer's check.)
- BANK ACCOUNT # (1-17):** **Required.** The number of the employer's financial institution account used to pay the contribution. (The number is typically the second number in the bottom MICR line of the employer's check.) *Please note that the account number should NOT include the 3-5 digit check number, also present on the bottom line of the check. We recommend verifying the correct reporting of your ABA and account numbers (with or without dashes, spaces, etc.) with the financial institution representative.*
- Please check the proper designation of the employer's account to be drawn against for payment.**
- ☐ **CHECKING** - For all checking, NOW and/or share draft accounts.
- ☐ **SAVINGS**
- DAILY DEBIT MAXIMUM:** *Optional.* The highest threshold or the maximum dollars and cents amount the employer expects to report. This guideline will be considered to ensure that all reported amounts on the EFT program do not exceed this indicated limit.

Please sign and date the front of the form in the area noted. Then return the completed form to the address listed.
THANK YOU.